File with: lowa Ethics and Campaign Disclosure Board 510 E. 12<sup>th</sup>, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

## DISCLOSURE SUMMARY PAGE

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

2014 MAY 15 AM 9: 26

COMMITTEE	Reset F	orm		2. 20
COMMITTEE NAME (Must be same as on Statement of Organization)	Name and Address of the Owner, where the Owner, which is the Own	-		
1 81.001d E				
IMPORTANT: Indicate by # type of many type		-	FORM	1
(1) Statewide/Legislation in type of continuee you are reporting for		- 1	DR-2	DISCLOSURE
(4) County Central Committee (5) County Candidate (2) State PAC (3) State Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Politic	ate Party		(Rev. 12/2009)	REPORT
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Politic	ard or Other Politic	cal	For Office II	
CANDIDA LE COMMITTEES ONLY	Sai Subdivision PA	(	For Office Use Or	ly FGC
Callulate Name			Comm. # 18	288
William C. Leupold Political Party Office Sought	y (if applicable)	1	Scanned	
	blican	.	Computer	
County Supposering District (if Ser	nate or House)			
Late reports are subject to possible civil and criminal penalties. Pursuant to lowa Code candidate's committee, and the chairperson, for any other type of committee, is the individual control of the committee.	-	- 1	Audited	
candidate's committee, and the chairperson, for any other type of committee, is the indiv	sections 68B 32A	A(7) and	667 10110	
diffy other type of committee, is the indi-	vidual responsibl	e for filin	g timely and accurate	didate, for a
- 110 man 1/16/nema			o many and addurat	е геропѕ.
SIGNATURE OF PERSON FILING REPORT	21-1415			
TELE	PHONE		5-12-1	14
	HONE		DATE SIG	SNED
I AM FILING A May 19+4 REPORT FOR	(4) El E071011		(A)	
(report date) REPORT FOR	(1) ELECTION	/(2)NON	V-ELECTION YEAR	۲.
CHECK IF AMENDMENT TO REPORT DATED	Indicate by #	#		
		Local Cor	mmittees, enter Date	
☐ Check if this is final (termination) report and attach Notice of Dissolution Form DI  (You must continue to file reports until a DR-3 is filed.)			militados, enter Date	of Election
(You must continue to file reports until a DR-3 is filed.)	1	County &	Local Committees, er	1 0
	V	which Ele	ction is held	nter County in
STATEMENT OF CASH ON HAND	L			
CASH ON HAND at the beginning				
CASH ON HAND at the beginning of the reporting period. (Total of all funds held by	the .			
committee. This amount MUST be the same as the cash on hand at the er	nd			
of the last reporting period or must be zero if this is first report filed.)		\$	_1.325	.50
Schedule A: Cash Contributions to the Contribution of the Contribu				
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kin Schedule F: Loans Received total (Attach Schedule F)	d below)			32
Schedule H: Total Salas 450				, 55
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		*******		
(Schedule H applies to Candidates' Committees Only)		******		
	P TOTAL			
WOLL OF ENT THIS DEDICA	B-TOTAL			
Schedule B: Expenditures total (Attach Schedule D) (2)				
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and lo	oans below)		13.	00
or this reporting period (if final report balance must be			1719 (	2 =
( Tom Ochequie D - Affach Schedule D)	No. of the last of	AND DESCRIPTION OF THE PERSON	1312.9	33
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) **OUTSTANDING LOANS (From Schedule F - Attach Schedule E)	***************************************	\$		
**OUTSTANDING LOANS (From Schedule F - Attack Schedule E)	***************************************	\$		
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)  CONSULTANT BREAKDOWN (Schedule G Attached?)		\$	3,00	20 00
CANDIDATE COMMITTEES ONLY:			VEC /	0.00
VALUE OF CAMPAICH PROPERTY		Contract on	YES NO	
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)				
STATE COMMITTEES: Submit a reconciled campaign account bank statement in Janu		47		
a reconciled campaign account bank states		\$		

## CONTRIBUTIONS -- MONEY TAKEN IN (Including candidate's personal funds) COMMITTEE NAME (Must be same as on Statement of Organization) Reset Form Reset Form CHECK THIS BOX IF AMENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
	ID#	Northwest Boux			INCOME
2-10-14	CK#	Northwest Bank 101 West Fifth Street		\$	
	ID#	Spencery Iowa 51301 (Interest)		-10	
3-10-14					
3 10 11	CK#			.10	<u> </u>
	ID#	11		210	
4-14-14	CK#			13	
	ID#			. 13	
	CK#				
	ID#				
	СК#				
	ID#				
	CK#				
	ID#				
	CK#				
	ID#				
	CK#			=	
	ID#				
	CK#				
	ID#				
	CK#				
			SUB-TOTAL		
		TOTAL (if last page of	of this schedule)	\$ .33	
Disabayua layyua	Service Name of Property	, and page o	ooneddie)	\$ .33	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page \_\_\_\_ of \_\_\_\_

Reset Form

## **EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF

COMMITTEE NAME	(Must be	same a	as on	Statement	of	Omanization)

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
1-21-14	ID# CK#	Dickinson Co. Treasurer 1802 Hill Avenue Spirit Lake, Iowa 51360	Voter Lists	\$ 13,00
	ID# CK#			19700
	ID# CK#			
	ID# CK#		9	
	ID# CK#			

## THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

Page	of I	
age	1 01 1	

TOTAL (if last page of this schedule)

MMITTEE NAME(Mus	st be same as on Statement of Organization)			F (Rev. 02/08)	LOA RECE & REF
	oorts money loaned to the committee which is deposited in the		unt.	_ CHECK T	THIS B
(Original source	OANS RECEIVED <u>THIS</u> REPORTING PERIOD e of loan, such as a bank, must be shown if a third party is in	volved. Include lo	ans from candida	te's personal f	unds.)
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)		ONSHIP TO E (If Applicable*)	AMOUNT C	F LOAI
4-29-10	William C. Leupold 13515 2535 Ave Spirit Lake, Iowa 57360	Se	14	3,000	9.00
			-		
		×			
RT II - MONETARY I (Loans forgive	LOAN REPAYMENTS MADE <u>THIS</u> REPORTING PERIOD in must be reported on Schedule E — In-kind Contributions.)	TOTAL (PAR	RT I)	\$	
DATE PAID	LOAN REPAYMENTS MADE <u>THIS</u> REPORTING PERIOD In must be reported on Schedule E – In-kind Contributions.)  NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATION	ONSHIP TO	\$AMOUNT F	
(Loans lorgive)	n must be reported on Schedule E — In-kind Contributions.)  NAME AND ADDRESS OF LENDER	RELATION	ONSHIP TO		
DATE PAID	n must be reported on Schedule E — In-kind Contributions.)  NAME AND ADDRESS OF LENDER	RELATION	ONSHIP TO	AMOUNT F	
DATE PAID	n must be reported on Schedule E — In-kind Contributions.)  NAME AND ADDRESS OF LENDER	RELATION	ONSHIP TO	AMOUNT F	
DATE PAID	n must be reported on Schedule E — In-kind Contributions.)  NAME AND ADDRESS OF LENDER	RELATION	ONSHIP TO	AMOUNT F	
DATE PAID	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATION	ONSHIP TO * (If Applicable)	AMOUNT F	REPAID
DATE PAID	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIC CANDIDATE  REPAYMENTS (PALLOANS FORGIN	ONSHIP TO * (If Applicable)	AMOUNT F	REPAID